

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/693,233-Conf. #1420</td> </tr> <tr> <td>Filing Date</td> <td>October 24, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Zehra Kaymakcalan</td> </tr> <tr> <td>Title</td> <td>LOW DOSE METHODS FOR TREATING DISORDERS IN WHICH TNF-ALPHA ACTIVITY IS DETRIMENTAL</td> </tr> <tr> <td>Art Unit</td> <td>1644</td> </tr> <tr> <td>Examiner Name</td> <td>SKELDING, ZACHARY S</td> </tr> <tr> <td>Attorney Docket No.</td> <td>117813-99302</td> </tr> </table>	Application Number	10/693,233-Conf. #1420	Filing Date	October 24, 2003	First Named Inventor	Zehra Kaymakcalan	Title	LOW DOSE METHODS FOR TREATING DISORDERS IN WHICH TNF-ALPHA ACTIVITY IS DETRIMENTAL	Art Unit	1644	Examiner Name	SKELDING, ZACHARY S	Attorney Docket No.	117813-99302
Application Number	10/693,233-Conf. #1420														
Filing Date	October 24, 2003														
First Named Inventor	Zehra Kaymakcalan														
Title	LOW DOSE METHODS FOR TREATING DISORDERS IN WHICH TNF-ALPHA ACTIVITY IS DETRIMENTAL														
Art Unit	1644														
Examiner Name	SKELDING, ZACHARY S														
Attorney Docket No.	117813-99302														
I hereby revoke all previous powers of attorney given in the above-identified application.															
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> A Power of Attorney is submitted herewith.  <b>OR</b>  <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:  <b>OR</b>  <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:           </div> <div style="width: 35%; text-align: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">87501</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Registration Number</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div> </div>		Name	Registration Number	Name	Registration Number										
Name	Registration Number	Name	Registration Number												
Please recognize or change the correspondence address for the above-identified application to: <input type="checkbox"/> The address associated with the above-mentioned Customer Number: <b>OR</b> <input checked="" type="checkbox"/> The address associated with Customer Number: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: -20px;">87501</div> <b>OR</b>															
<input type="checkbox"/> Firm or Individual Name															
Address															
City															
State															
Zip															
Country															
Telephone															
Email															
I am the: <input type="checkbox"/> Applicant/Inventor. <b>OR</b> <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on															
<b>SIGNATURE of Applicant or Assignee of Record</b>															
Signature	Date														
Name	Telephone														
Title and Company															
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.															
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.															